

EXHIBIT

8

Invoice

Bill To:

Name: Certain Care LLC
Address: 24700 Center Ridge Rd. #250
City/State/Zip Code: Westlake, OH 44145
Tel/Fax: 440-250-8653

Date: 1-31-17

Name: Belinda
Pierce

DUE UPON RECEIPT

Day of the Week	Date	Time In - Time Out	Client	Total Hours	Rate/hr.	Total
		-				\$
Monday	1-16-17	10A - 10A	Seltzer	24	16	\$ 384~
		-				\$
Thursday	1-19-17	8 ³⁰ am - 12 ^{noon}	Seltzer	27 1/2	16	\$ 440~
		-				\$
Monday	1-23-17	8 ⁰⁰ am - 10am	Seltzer	26	16	\$ 416~
		-				\$
Thursday	1-26-17	8 ³⁰ am - 10am	Seltzer	25 1/2	16	\$ 408~
		-				\$
Saturday	1-28-17	10A - 10A	Seltzer	24	16	\$ 384~
		-				\$
Monday	1-30-17	9A - 10A	Seltzer	25	16	\$ 400~
		-				\$
Tuesday	1-31-17	10A - 11A	Seltzer	1	16	\$ 16~
		-				\$
		-				\$
		-				\$
		-				\$
		-				\$

153

\$ 2,448~

Signature: X Belinda Pierce

Thank You for Your Business

Invoice

Certain Care LLC
2193 South Green Road
Cleveland, OH 44121

Fax # 216-382-5118
E Mail Brian@flfinancial.com

Beginning	Ending
Sunday	Saturday
3-19	3-25-17
Belinda Pierce	

[illegible]

63 hrs

Signature Belinda Pierce

~~scribbled out~~
\$1,008⁰⁰

~~2~~ 1,008⁰⁰

Invoice

Certain Care LLC
2193 South Green Road
Cleveland, OH 44121

Fax # 216-382-5118
E Mail Brian@flfinancial.com

	Beginning Sunday	Ending Saturday
Week	9-17-17	9-23-17
Name	Belinda Pierce	

[illegible]

82 hours

\$1,312

Signature

Belinda Pierce